

The Great Priory of the United Religious, Military and Masonic Orders of the Temple and of St. John of Jerualem, Palestine, Rhodes and Malta of England and Wales and its Provinces Overseas

REQUEST FOR DISPENSATION IN RESPECT OF A KNIGHT ELECT

To be Completed by the Preceptor and Registrar

This form must be completed using typescript or block letters and sent via the Provincial Vice Chancellor to: The Great Vice-Chancellor, The Chancery of the Orders, Mark Masons Hall, 86 St. James's Street, London SW1A 1PL

TO THE MOST EMINENT AND SUPREME GRAND MASTER *we, the undersigned, being the Preceptor and Registrar of*

1. PRECEPTORY NAME

2. NUMBER

3. PROVINCIAL PRIORY

respectfully request on behalf of the members of the Preceptory that a Dispensation be granted to enable

4. KNIGHT (Initials & Surname)

5. FORENAMES IN FULL

6. DECORATIONS AND HONOURS

7. STYLE OR TITLE
(e.g. Mr, Sir, Brigadier)

8. ADDRESS (i)
(ii)
(iii)
(iv)
(v)

(vi) POSTCODE

to be Installed as Preceptor of this Preceptory,

notwithstanding that contrary to the Statutes.

(please tick the appropriate box)

- (i) He has not previously served the office of Constable in a Preceptory of Knight Templars for one complete year, that is from one Installation to the next.
- (ii) He is at present Preceptor of another Preceptory of Knight Templars and will still be occupying that office on the date of the Installation Meeting of this Preceptory.
- (iii) He has been re-elected to continue as Preceptor of the Preceptory for a third consecutive year.
- (iv) For reasons detailed overleaf.

we are pleased to confirm that Knight (Initials & Surname)

was regularly elected as Preceptor for the ensuing year ON

and it is considered that it will be in the best interest of the Preceptory and for the good of the Order generally if he is Installed as Preceptor ON

NAME OF REGISTRAR (Initials & Surname)

SIGNATURE OF REGISTRAR

NAME OF PRECEPTOR (Initials & Surname)

SIGNATURE PRECEPTOR

RECOMMENDED BY (Initials & Surname)

SIGNATURE OF PROVINCIAL PRIOR DATE

NOTES

1. This petition must reach the Great Vice - Chancellor with the appropriate fee at least three weeks before the date of Installation and **MUST** be recommended by the Provincial Prior when applicable.
2. A Dispensation, if granted, will be sent to the Provincial Vice-Chancellor.

OFFICIAL USE ONLY

DISPENSATION No.

FEE RECEIVED £

ANY ADDITIONAL COMMENTS

CHANGE OF DETAILS

If there have been any changes in respect of the below, please tick the appropriate box, and complete the details.

REGISTRAR

TREASURER

Registrar / Treasurer *(delete as necessary)*

1. INITIALS AND SURNAME	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>						
2. FORENAMES IN FULL	<input type="text"/>							
3. DECORATIONS AND HONOURS	<input type="text"/>	4. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i> <input type="text"/>						
5. ADDRESS	(i) <input type="text"/>							
	(ii) <input type="text"/>							
	(iii) <input type="text"/>							
	(iv) <input type="text"/>							
	(v) <input type="text"/>							
6. DATE OF BIRTH	<table border="1"><thead><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	(vi) POSTCODE <input type="text"/>
DAY	MONTH	YEAR						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
7. TELEPHONE	HOME <input type="text"/>	WORK <input type="text"/>						
	MOBILE <input type="text"/>	FAX <input type="text"/>						
	E-MAIL <input type="text"/>							